

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10/79/245

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a))		
TOTAL CLAIMS (37 CFR 1.18(c))	minus 20 *	
INDEPENDENT CLAIMS (37 CFR 1.18(b))	minus 3 *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 1,000.00
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL	

RATE	FEE
	\$ 1,000.00
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	22	22	1
Independent (37 CFR 1.16(b))	3	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

7/6/05

(Column 1)

(Column 2)

(Column 3)

RATE

ADDI-
TIONAL
FEE

RATE

ADDI-
TIONAL
FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	15	22	1
Independent (37 CFR 1.16(b))	3	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

RATE

ADDI-
TIONAL
FEE

RATE

ADDI-
TIONAL
FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This document contains information that is not to be used by 37 CFR 1.16. The information is required to obtain or retain a benefit by the patent which is to be paid by the USPTO to the applicant. If the information is not provided by 37 CFR 1.16 and 37 CFR 1.14, this collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the present form or request to change this form and/or suggest a way for reducing this burden should be sent to the Patent Information Center, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

For more assistance with completing this form, call 1-800-PTO-5159 and select option 7

BEST AVAILABLE COPY